			NODWI GAROTTIA			on. 1	
9/07/2008		IPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PA	GE: 1	
			HECKWRITE DATE: 09/09/2008				
	1		FINANCIAL PAYER: NCDMH				
						moma r	TOTAL
	HIGH DENIAL	NUMBER OF		TNC	TOTAL		CLAIMS
PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	8326	1510					
I/DD/SAS							
	3101	814		6	5005	9988	4983
			TO MIDDING				
	8800	526	FURTHER PROCESSING NECESSARY,				
			FUTURE RA'S.				
ESTERN HIGHLAN	8326	2255	ATTENDING PROVIDER NUMBER WAS				
OS LME			NOT SUBMITTED ON				
			THIS CLAIM OR THE NPI SUBMITTE				
	9900	E91	PHDTUPD DDAAFCCIMA MPAFCCADA	_			
	5550	371	PLEASE CHECK FOR CLAIM ON	0	3901	18080	14179
	1		FUTURE RA'S.				
	8988	549	CLAIM DENIED, ATTENDING PROVID				
	1		ENDORSED/LICENSED/CERTIFIED				
	1						
PATHWAYS	8534	493	SERVICE FACILITY LOCATION IS N				
			ATTENDING PROVIDER, OR THE NPT				
	8800	299	FURTHER PROCESSING NECESSARY,	1	1055	8142	7087
			PLEASE CHECK FOR CLAIM ON				
			FUTURE RA'S.				
	21	111	DUPLICATE OF CLAIM-SYSTEM				
	8000	61					
RTNERS			ATCH THIS CHAIN DEFAILE				
	21	49	DUPLICATE OF CLAIM-SYSTEM	0	251	4569	4318
	8599	39	DETAIL NOT COVERED BY COMBINAT				
			ION OF RECIPIENT, PROVIDER AND				
			BENEFIT PACKAGE.				
MONT ENDING COM	8800	1608	FURTHER PROCESSING NECESSARY.				
			PLEASE CHECK FOR CLAIM ON				
			FUTURE RA'S.				
	0500	204					
	0.33	344		0	2358	8758	6400
			BENEFIT PACKAGE.				
•	11	111	CLIENT NOT ELIGIBLE ON SERVICE				
	1		DATE				
	1						
TROSSROADS BEHA	11	84	CLIENT NOT ELIGIBLE ON SERVICE				
TIORAL HEAL			DATE				
	1						
	0	0		0	84	213	129
					01	213	123
		372	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
ENTERPOINT HUM	8800			1		I .	1
ENTERPOINT HUM AN SERVICES	8800		FUTURE RA'S.				
	8800						
	8599	55	FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT	0	579	7096	6517
			FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	579	7096	6517
			FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT	0	579	7096	6517
			FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	579	7096	6517
	8599	55	FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	579	7096	6517
THE	MOKY MOUNTAINM AND SAS ESTERN HIGHLAN S LIME ANTHWAYS ENTAL HEALTH P RINERS ECKLENBURG COM NYAL HEALT ROSSROADS BEHA	PROVIDER NAME EOBS MOKY MOUNTAINM 8326 MOKY MOUNTAINM 8326 S101 8800 8800 8800 8800 8800 8800 21 21 ENTAL HEALTH P 8000 TITNERS 21 ENTAL HEALTH P 8599 ECKLENBURG COM 8890 NTAL HEALT 8599 11 ROSSROADS BEHA 11 IORAL HEAL	PROVIDER NAME EOBS DENIALS MOKY MOUNTAINM 8326 1510 3101 814 8800 526 8800 526 8800 526 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 591 8800 1608 ENTRAL HEALTH P 8000 61 ENTREES 111 8899 394 8899 394 8899 394 8899 394 8899 394 8899 394 8899 394 8899 324 8800 1608 ECKLENBURG COM 8890 1608 8899 324	NIGH DENIAL NOT DENIAL NOT SUBMITTED ON STATEMENTS ON SUBMITTED ON THIS CLAIM OR THE ROI SUBMITTE 13101 814 THE TAXONOMY CODE FOR THE ATTE 3101 814 THE TAXONOMY CODE FOR THE ATTE 3102 STREET BY THE TAXONOMY CODE FOR THE ATTE 3103 STREET BY THE TAXONOMY CODE FOR THE ATTE 3104 STREET BY THE TAXONOMY CODE FOR THE ATTE 3105 STREET BY THE TAXONOMY CODE FOR THE ATTE 3106 SERVICE FOR CLAIM CONTINUED CON	MIGH ENNAL RECORDING NAME RECORD TO THE ACTION OF THE ACT OF THE	MIGHT DENIAL NOSSEER OF DESCRIPTION DESCRIPTION	NOTICE ROOF 100 10

nn arrenna		UVAIL DEBUTY					TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8800	993	FURTHER PROCESSING NECESSARY,				
	TAL HEALTHC			PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	127	DETAIL NOT COVERED BY COMBINAT	0	1382	8764	7382
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		0226	0.4	AMMERITANG PROVITED ATTACHED MAG				
		8326	84	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
3404920	ALAMANCE CASWEL	11	103	CLIENT NOT ELIGIBLE ON SERVICE				
	L AREA MH D			DATE				
		8326	44	ATTENDING PROVIDER NUMBER WAS	0	249	3298	3049
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		5404	28	SEVERE DUPLICATE: SAME ATTD PR				
		3.0.1	20	OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C	11	640	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
		8326	278	ATTENDING PROVIDER NUMBER WAS	0	1284	4417	3133
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		21	146	DUPLICATE OF CLAIM-SYSTEM				
		2.2	2.10	DOLLAR DE CAMERO				
3404922	THE DURHAM CENT	21	304	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8800	41	FURTHER PROCESSING NECESSARY,	0	347	370	23
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	2	CLIENT NOT ELIGIBLE ON SERVICE				
			-	DATE				
3404923	FIVE COUNTY MH	8326	1335	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8536	383	ATTENDING PROVIDER TYPE AND SP	0	2576	11574	8998
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		21	196	DUPLICATE OF CLAIM-SYSTEM				
	1							
2404025		9900	727	PHDTUPD DDAAFCCIMA NEAFAANNA				
3404925	SANDHILLS CENTE	8800	727	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	R FOR MH/DD		-	FUTURE RA'S.				
		8599	95	DETAIL NOT COVERED BY COMBINAT	6	1083	9411	8328
				ION OF RECIPIENT, PROVIDER AND				
	+			BENEFIT PACKAGE.				
		8326	94	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
	1			THIS CLAIM OR THE NPI SUBMITTE				
3404926	government owner	8505	133	CLAIM DENIED DUE TO INSUFFICIE				
J207320	SOUTHEASTERN RE G MENTAL HL	8505	133	NT BUDGET				
		21	77	DUPLICATE OF CLAIM-SYSTEM	0	349	2289	1940
	1							
	-							
		8326	33	ATTENDING PROVIDER NUMBER WAS				
		<u> </u>		NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
			_	1				1

STOCKED STOCK ST								TOTAL	TOTAL
ACCOUNT CONSTILLATION ON ACCOUNTY AC						TNC	TOTAL		CLAIMS
Sec. 10 Sec.	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
Cold Of SCHOOL Cold	3404927	CUMBERLAND CO M	8599	203	DETAIL NOT COVERED BY COMBINAT				
1									
1985 1985					BENEFIT PACKAGE.				
ACCOUNT 100			11	98	CLIENT NOT ELIGIBLE ON SERVICE	0	507	2456	1949
156990 10 10 10 10 10 10 10					DATE				
156990 10 10 10 10 10 10 10									
156990 10 10 10 10 10 10 10			8505	63	CLAIM DENIED DUE TO INSUFFICIE				
MODE									
MODE									
MODE	3404930	TOURS OF THE PROPERTY.	11	38	CLIENT NOT FLIGIBLE ON SERVICE				
NAME OF STATE OF COMMENT OF COM	3101930		**	30					
			0500						
MARKET PARCAGE. Market for Committee of			0599	3		0	41	56	15
NOT OF RECORDING AND									
NOT OF RECORDING AND									
100 100	3404931		8599	85					
1515 70 ATTOROGRE MONTORS TYPE AND SP 2 214 200 1		BILLING OF							
CLAINT FOR SIGNATURE 18 LINES PR									
OALD FOR SURVEYED SILLING FR 11 10 CLIENT OF ELITERS OF ERRYCH 11 10 CLIENT OF ELITERS OF ERRYCH 12 CLIENT ONLY ELITERS OF ERRYCH 13 CLIENT SERVICES HONGES HORSE VAS. 2 277 5754 5 14 CLIENT SERVICES HONGES HORSE VAS. 2 277 5754 5 15 CLIENT SERVICES HONGES HORSE VAS. 2 277 5754 5 16 CLIENT SERVICES HONGES HORSE VAS. 2 277 5754 5 17 CLIENT SERVICES HONGES HORSE VAS. 2 277 5754 5 18 CRIENT SERVICES HONGES HORSE VAS. 2 277 5754 5 18 CRIENT SERVICES HONGES HORSE VAS. 2 2 2 19 CRIENT SERVICES HORSE VAS. 2 2 2 10 CRIENT SERVICES HORSE VAS. 3 2 2 2 10 CRIENT SERVICES HORSE VAS. 3 2 2 2 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 3 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 3 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 3 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 3 3 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 3 3 3 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 3 3 3 3 3 10 CRIENT SERVICES HORSE VAS. 3 3 3 3 3 3 3 3 3	<u> </u>		8536	70		6	434	2209	1775
1		1	1						
NAME			1						—
1459333 DOUTREATERS CT 4505 671			11	59					
N FOR MINITED N FOR MINISTER N FOR MINIST					DATE				
1			<u> </u>						
### ### ##############################	3404933		8505	671					
NOT SUBSTITUTE OF THE DEL COMMETTER					NT BUDGET			-	
NOT SUBSTITUTE OF THE DEL COMMETTER									
STEEL CLAIM OR THE NET SOMETTE SEVERE DUPLICATE SAME ATTO FR			8326	23	ATTENDING PROVIDER NUMBER WAS	0	727	5754	5027
00 00 00 00 00 00 00 0					THIS CLAIM OR THE NPI SUBMITTE				
130-9393 NATERION CHITERT 8326 1049 NTENDING PROVIDER NUMBER MAS			5404	11	SEVERE DUPLICATE: SAME ATTD PR				
NOT SUBMITTED NOT SUBMITTE									
NOT SUBMITTED NOT SUBMITTE									
NOT SUBMITTED NOT SUBMITTE	3404934	ONCI ON CARTERET	8326	1049	ATTENDING PROVIDER NUMBER WAS				
THIS CLAIM OF THE NET SUBMITTE									
ION OF RECIDENT, PROVIDER AND					THIS CLAIM OR THE NPI SUBMITTE				
ION OF RECIDENT, PROVIDER AND			8599	117	DETAIL NOT COVERED BY COMBINAT		1400	2050	1000
1			0333	117		0	1400	3262	1862
DATE					BENEFIT PACKAGE.				
DATE			***						
1404935 NAYNE CO MENTAL 0			11	64					
HEALTH CTR									
HEALTH CTR									
	3404935		0	0	*** NO DATA TO REPORT ***				
		HEALTH CTR							
ER	<u> </u>		0	0		0	0	0	0
ER									
MOT SUBMITTED ON	3404937	THE BEACON CENT	8326	62	ATTENDING PROVIDER NUMBER WAS				
S505									
NT BUDGET 8654 2 ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE 3404939 EAST CAROLINA B 8800 199 FURTHER PROCESSING INCESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. 100 100 100 100 100 100 100 1					THIS CLAIM OR THE NPI SUBMITTE				
NT BUDGET 8654 2 ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE 3404939 EAST CAROLINA B 8800 199 FURTHER PROCESSING INCESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. 100 100 100 100 100 100 100 1			8505	4	CLAIM DENIED DUE TO INSUFFICIE	n	70	3784	3712
WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE							/2	3,34	3,11
WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	<u> </u>								
WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE			8654	2	ONLY 16 UNITS ALLOWED PER DAY				
APPROVAL. PLEASE CORRECT THE A404939 EAST CAROLINA B 8800 199 FURTHER PROCESSING NECESSARY, EHAVIORAL H PLEASE CHECK FOR CLAIM ON FUTURE RA'S. TO DETAIL NOT COVERED BY COMBINAT 12 593 5306 4 100 OF RECIPIENT, PROVIDER AND ENEMPTIT PACKAGE. 8988 99 CLAIM DENIED, ATTENDING PROVID ER NAS NOT ENDORSED/LICENSED/CERTIFIED 3404942 EAST CAROLINA B 0 0 0 *** NO DATA TO REPORT ***			1		WITHOUT PRIOR				—
### PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ###################################									
### PLEASE CHECK FOR CLAIM ON FUTURE RA'S. ###################################	3404929		8800	199	BIIDTHED DDATESTING NECECOADV				
FUTURE RA'S. S599	J 10 T J J J			273					
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8988 99 CLAIM DENIED, ATTENDING PROVID ER WAS NOT ENDORSED/LICENSED/CERTIFIED 3404942 EAST CAROLINA B 0 0 0 *** NO DATA TO REPORT ***									
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. CLAIM DENIED, ATTENDING PROVID ER WAS NOT ENDORSED/LICENSED/CERTIFIED 3404942 EAST CAROLINA B O O *** NO DATA TO REPORT ***			0500	107	DETAIL NOT COURDED BY COMPANY				
BENEFIT PACKAGE.		1	עעכס	10/		12	593	5306	4713
ER MAS NOT ENDORSED/LICENSED/CERTIFIED S404942 EAST CAROLINA B 0 0 0 *** NO DATA TO REPORT ***									
### RE WAS NOT #### ENDORSED/LICENSED/CERTIFIED ####################################									
ENDORSED/LICENSED/CERTIFIED			8988	99					
3404942 EAST CAROLINA B 0 0 *** NO DATA TO REPORT ***			1						
EHAVIORAL H	3404942		0	0	*** NO DATA TO REPORT ***				
		EHAVIORAL H	1						
			1						
			0	0		0	0	0	0
	<u> </u>								
			1						

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943		11	104	CLIENT NOT ELIGIBLE ON SERVICE				
3404943	ALBEMARLE MENTA	11	104					
	L HEALTH CE			DATE				
		3411	100	PROVIDER TYPE AND SPECIALTY 07		1 324	2216	1892
				4/113 CANNOT BILL ENHANCED		-		
				BENEFIT SERVICES ON OR AFTER D				
		21	21	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8326	856	ATTENDING PROVIDER NUMBER WAS				
	N SERVICES			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8988	137	CLAIM DENIED, ATTENDING PROVID		0 1122	7685	656
				ER WAS NOT				
				ENDORSED/LICENSED/CERTIFIED				
		8536	62	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0			0 0	0	
3404949	PIEDMONT BEHAVI	8599	7748	DETAIL NOT COVERED BY COMBINAT				
	ORAL HEALTH			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	3831	THIS SERVICE IS NOT PAYABLE TO		1		
		,,,	3031	YOUR SUBMITTED BILLING		0 19647	34702	15055
				PROVIDER TYPE AND SPECIALTY IN				
		8326	1705	ATTENDING PROVIDER NUMBER WAS				
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				